

TRINITY CHILDREN'S CENTRE - KABOWA



DAY AND BOARDING

P.O.BOX 9695 Kampala - Uganda
SSEMBULE - KABOWA

APPLICATION FORM FOR SCHOOL ADMISSION

STUDENT'S DETAILS

First Name:..... Middle Name:.....

Surname:.....Date of Birth:.....

Country of Birth:.....Nationality:.....

Religion (optional):.....Male/Female:.....

What nation's passport does your child travel on?.....Passport No:.....

Physical Address:.....

Mailing address:

P.O. BoxCode.....Town/City.....Country.....

Does the applicant have any close relatives in School YES NO

If Yes: Name:.....Class/Year:.....Relation:.....

Name:.....Class/Year:.....Relation:.....

Name:.....Class/Year:.....Relation:.....

If you have had a brother or sister at School what House were they in?.....

Of parents live apart, who is the responsible for school fees?.....